## STATEMENT OF

PAGE 1/6

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Latino PAC 555 Capitol Mall, Suite 1425 ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@olsonhagel.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 06 2014 C00492033 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Joe Baca [Electronically Filed] 01 15 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)		Page <b>2</b>
TYPE O	COMMITTEE		
Candid	ate Committee:		
(a)	This committee is a principal campaign committee.	(Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is information below.)	NOT a principal campaign committee. (Comp	plete the candidate
Name of Candidat			
Candidat Party Aff		se Senate President	State CA
(c)	This committee supports/opposes only one candida	ate, and is NOT an authorized committee.	District
Name of Candidat		<u> </u>	
Party (	ommittee:		
(d)	(National,		(Democratic, Republican, etc.) Party.
Politica	Action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Ide	entify connected organization on line 6.) Its con	nected organization is a:
	Corporation	Corporation w/o Capital Stock	Labor Organization
	Membership Organization	Trade Association	Cooperative
	In addition, this committee is a Lobby	yist/Registrant PAC.	
(f)	This committee supports/opposes more than one I committee. (i.e., nonconnected committee)	ederal candidate, and is NOT a separate se	gregated fund or party
	In addition, this committee is a Lobbyist/Regi	strant PAC.	
	In addition, this committee is a Leadership P.	AC. (Identify sponsor on line 6.)	
Joint F	ndraising Representative:		
(g)	This committee collects contributions, pays fundraisin committees/organizations, at least one of which is an		o or more political
(h)	This committee collects contributions, pays fundraisir committees/organizations, none of which is an author		o or more political
C	ommittees Participating in Joint Fundraiser		
1		FEC ID number	
2		FEC ID number	
3		FEC ID number	
4		FEC ID number C	

		- 0
FEC Form 1 (Revised		Page 3
Write or Type Committee Nar	пе	
Latino PAC		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
CALPAC - California	Aggressive Leadership	
	555 Capitol Mall, Suite 1425	
Mailing Address		
	Sacramento	95814
	Sacramento	
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization X Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	entify by name, address (phone number optional) and position of the pers	son in possession of committee
Lance H	. Olson	
Full Name	555 Capitol Mall, Suite 1425	
Mailing Address		
	Sacramento	,95814
	Garaneno	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	916 Telephone number	6 442 - 2952
3. <b>Treasurer:</b> List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	nd the name and address of
Full Name Joe Baca	a, Sr.	
of Treasurer		
Mailing Address	Soo Saproi viai, Suite 1420	
	Sacramento	95814
Title or Position	CITY STATE	ZIP CODE
Treasurer	916 Telephone number	5 442

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	None	
Mailing Address		
Title or Position	CITY STATE  Telephone number	ZIP CODE
Banks or Other safety deposit bo Name of Bank, I	r <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds.  Depository, etc.	olds accounts, rents
	Wells Fargo Bank	
Mailing Address	<sub>1</sub> 400 Capitol Mall	1 1
Mailing Address	400 Capitol Mall	t ZIP CODE
Mailing Address	Sacramento CITY STATE	
	A00 Capitol Mall  Sacramento  CITY  STATE  Depository, etc.	ZIP CODE

**1mage# 14940042476** PAGE 5 / 6

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Update treasurer information. Termination.

Form/Schedule: Transaction ID:

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor The Honorable Joe Baca 555 Capitol Mall, Suite 1425 Mailing Address 95814 Sacramento CA **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number